

Department of Human Resource Management  
Room 2120 State Office Building  
Salt Lake City, Utah 84114-1531  
Phone: 801-538-3025 Fax: 801-538-3081  
**GRAMA Request for Records**

TO: Department of Human Resource Management

My name is: \_\_\_\_\_

My address is: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

My daytime telephone number is: \_\_\_\_\_

Description of records sought (records must be described with reasonable specificity):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ I would like to inspect the records.  
☐ I would like to receive copies of the records.  
☐ I understand that I will be responsible for copies or other costs up to \$\_\_\_\_. I further understand that the agency will contact me if estimated costs are greater than the amount specified, and that the agency will not respond to a request for copies if I have not authorized adequate costs.  
☐ I request a waiver of copy costs. (Please attach information supporting your request; see U.C.A. 63-2-203(3) for a list of situations under which an agency is encouraged to provide copies without charge.)

If applicable, check one of the following and attach necessary documentation.

- ☐ I am the subject of the record.  
☐ I am not the subject of the record. Check appropriate box below:  
☐ I am the person who provided the information.  
☐ I am authorized to have access by the subject of the record or by the person who submitted the information. Attach signed third-party consent form.  
☐ Other. Explain  
☐ I am requesting expedited response. (Please attach information that shows your status as a member of the media and a statement that the records are required for a story for broadcast or publication; or please attach other information that demonstrates that you are entitled to expedited response under U.C.A., 63-2-204(3).)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date